GIC Health Plan Rates - Monthly Rates as of July 1, 2009

For THE TOWN OF NORWOOD ENROLLEES



Active Employees, Retirees, and Survivors WITHOUT MEDICARE

Includes 0.33% Administrative Fee

select & save quality. value.	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	20%	\$ 81.15	\$194.75
Fallon Community Health Plan Select Care	20%	\$ 98.40	\$236.15
Harvard Pilgrim Independence Plan	25%	\$131.57	\$318.43
Health New England	20%	\$ 86.22	\$213.72
Navigator by Tufts Health Plan	25%	\$129.77	\$312.68
NHP Care (Neighborhood Health Plan)	20%	\$ 83.37	\$220.92
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	45%	\$345.26	\$806.31
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	45%	\$329.41	\$769.22
UniCare State Indemnity Plan/ Community Choice	25%	\$102.82	\$246.77
UniCare State Indemnity Plan/PLUS	25%	\$133.11	\$317.67

Retirees and Survivors WITH MEDICARE	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person ¹	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 31.86
Harvard Pilgrim Medicare Enhance	40%	\$ 91.79
Health New England MedPlus	40%	\$ 97.14
Tufts Health Plan Medicare Complement	40%	\$ 80.45
Tufts Health Plan Medicare Preferred*	40%	\$ 23.04
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	40%	\$ 92.99
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	40%	\$ 88.74

^{*} Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Town of Norwood Benefits Office.

¹ Monthly rates include 50% subsidy for Medicare Part B premiums; currently 50% of \$96.40